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Kaposi's sarcoma in a two week old infant born to a mother with Kaposi's sarcoma/AIDS

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INTRODUCTION

Kaposi's sarcoma in very young children is extremely rare, and the literature search has revealed only one case of Kaposi's sarcoma in an infant of less than four weeks of age.¹ Cases involving older children are very rare in Europe and North America² but are suspected to be more common in African children whose mothers are infected with HIV.³

CASE REPORT

A 36 year old woman of 24 weeks gestation presented at an antenatal clinic at a rural mission hospital. She was gravida 5 para 4 with her last child being born five years earlier. That child had died of chronic diarrhoea at 19 months of age. The patient's main complaint at this first visit was of a rash of two months duration. She was seen by a nurse who diagnosed "septic rash" and she was begun on a course of amoxycillin.

After one week the rash had not improved and she was referred to the Sister-in-Charge. It was noted that besides having a septic pustular rash the patient had black nodules over her arms and chest. On questioning she said these nodules had appeared two months earlier.

Significant points from the social history were that the patient had been divorced from her husband a year previously. He was a prominent businessman in a growth point in the northern part of the county and was at that time very ill with marked weight loss. He had been treated for pulmonary tuberculosis in early 1993,

and subsequently died in May 1993. The current pregnancy was the result of a sexual encounter with a married man who worked in Bulawayo. She was not in contact with the man and he did not know of the pregnancy. He had appeared to be in good health.

Investigations revealed that the patient was HIV positive, with a positive RPR. A biopsy of one of the nodules was reported as Kaposi's sarcoma. The skin rash cleared up on benzethine penicillin, 2,4 mega units IM weekly, for three weeks, although it did recur a number of times over the following months.

On the 19th July 1993 the patient was delivered of a full term male infant with a birth weight of 3 000g and Apgars scores of eight and nine. Mother and baby were discharged two days after the birth in good condition.

At two weeks of age the baby was brought back to the hospital and diagnosis of pneumonia was made. He had gained 500g since birth. He was treated as an outpatient on ampicillin and recovered well.

At four weeks of age he was again brought to the hospital with an abscess above the anus and a fever of 38°C. The abscess was aspirated and the child responded well to antibiotics. It was noted at this time that the baby had black nodules on the arms and the trunk. The mother reported that they had started at two weeks of age. A biopsy was taken and showed Kaposi's sarcoma with intensive infiltration.

At nine weeks of age the patient presented once again. He had gained very little in weight over the previous weeks and the mother complained that she was unable to produce enough milk. The child was commenced on Lactogen supplementation and subsequently gained weight well.

At 11 weeks of age the child was treated for oral candidiasis and cough. He responded well to gentian violet applied twice daily to the mouth. At 13 weeks the child presented a further time with pyrexia and oral candidiasis. He was commenced on oral antibiotics and again responded well. At 14 weeks he was again seen with the complaints of weight loss, continued oral candidiasis and large inguinal nodes. At the present time the child is being followed weekly at the hospital. He is very irritable, thin and the Kaposi's lesions have increased over the arms, back and abdominal area.

DISCUSSION

It is felt that this is a very important case as it is the first reported patient with Kaposi's sarcoma in a very young child in sub-Saharan Africa. There is only one other

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case reported in the literature, where the child died at 28 days.¹

Studies done in the United States have found that only 3 pc of women with HIV infection present initially with Kaposi's sarcoma⁴ while the incidence in Africa is much higher. This mother had full blown AIDS with Kaposi's sarcoma diagnosed during the sixth month of pregnancy. Studies have shown that intra-uterine transmission of the HIV virus can occur as early as 20 weeks of gestation.⁵ It is not clear whether Kaposi's sarcoma is transmitted directly from mother to foetus. Cases of Kaposi's sarcoma in the United States and Europe have led to the suggestion that a separate infectious agent may be involved in the etiology and spread of the sarcoma.⁶

It is felt that practitioners in Zimbabwe need to be aware of this rare complication in babies born to women with AIDS, especially those with Kaposi's sarcoma. As Kaposi's sarcoma is becoming increasingly common in Zimbabwe we may expect to see more babies with this complication.

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